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PROMOTION, PROTECTION AND RESTORATION OF HUMAN RIGHTS AT NATIONAL, REGIONAL AND INTERNATIONAL LEVELS

PREVENTION OF DISCRIMINATION AND PROTECTION OF WOMEN

Written statement submitted by the International Council of Psychologists, a non-governmental organization on the Roster

The Secretary-General has received the following communication, which is circulated in accordance with Economic and Social Council resolution 1296 (XLIV).

[8 August 1991]

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Gender-related differences

1. Coronary artery disease (blockage or narrowing of the arteries of the heart) is the number one killer of men over 39. It is also a killer of women over 65, although women typically get coronary artery disease much later than men do. Doctors attribute this to women's hormonal cycles. The reason for automatically assuming this medically is that women's sex hormones protect them against heart disease, and that only after menopause does their risk begin to be equal to that of men's. A recent study suggests that postmenopausal women who take estrogen (but not in the form of oral contraceptives) may significantly reduce their mortality rate from heart attacks. However, other studies have shown that this is not true and have invariably failed to confirm this finding. Merely continuing ovulation does not mean that women acquire immunity from heart attacks.

Medical science and coronary artery disease

2. What does medical science know about coronary artery disease and where does this information and knowledge come from? Primarily, studies of coronary artery disease in men have supplied us with the scientific facts. For example, the New England Journal of Medicine (January 1988) reported that an aspirin taken every other day can reduce the risk of heart attack by almost half, but not the mortality rate as subsequent investigation shows. The important point here is that the 22,000 participants in the study were all male physicians. This bias has been commented upon more recently. For instance, Dr. William Castelli, director of the ongoing Framingham heart study, which is one of the few large-scale studies to include both men and women, poited out the sex bias in medical research.

Women and triglycerides

3. Another gender-related difference which stands out is that blood triglycerides in women seem to be more directly connected to heart disease than the bio-chemical/physiological factors in men. Triglycerides are fats. They constitute part of the blood lipids but are different from cholesterol. Their levels fluctuate more than those of cholesterol and they depend more on the level of fat in the diet. If blood analysis is done after fasting, the triglycerides serum level will be different than when analysis is done after consumption of food. High triglyceride levels in men are indicative of trouble only if cholesterol levels are also correspondingly high. But in the case of women, high triglyceride levels are troublesome and can cause worry even if cholesterol levels are within the normal range. No clear explanation or medical understanding exists as to why this is so.

Myth: Women don't get heart attacks

4. "Because of the myth that women don't get heart attacks," Dr. Castelli contends "doctors may not take women's signs and symptoms seriously". It is true that more men die from heart attacks, but every year about 260,000 women die in the United States of America of coronary artery disease. Some things that are known about coronary artery disease are more directly applicable to men than to women, who apparently are subject to this type of disease - or avoid getting it - in their own way. This has implications for behavioural

science and behavioural medicine - from the male and female differences in CAD and the consequences thereof, for observations by the medical profession, and women and men themselves.

Smoking and women

5. For a very long time, the myth prevailed that smoking was not associated with heart disease in women. For younger women it is now known that the most significant risk factor is smoking. Among other studies, a Harvard study of 120,000 nurses aged between 30 and 55 indicated clearly that the number of cigarettes smoked directly correlated with the risk of fatal heart attack, and there were no levels whatsoever that appeared safe.

Smoking and other risk factors

6. Studies have pointed out that smoking also greatly increases the risk among women who have other risk factors as well, for example, older women who may be overweight, and women with a family history of heart disease. But the worst combination in women is that of smoking and oral contraceptives. Facts and statistics reveal that this combination has caused a number of heart attacks in younger women, including some teenagers. The tobacco advertisement "You've come a long way, baby" literally means "a long way" on the road to a heart attack and death. To which might be added: "you've got a long way to go baby", towards good health, and towards experiencing freedom from nicotine dependence, which can be both chemical and emotional and has psychological implications for habit patterns, behaviour and so on. One study showed that 55 per cent of heart attacks in women under 50 can be clearly attributed to smoking. Smoking by women during pregnancy can cause birth defects. In both women and men smoking can cause, in addition to heart attacks and cancer, lung and respiratory disease, for example emphysema and chronic cough (smoke related/smoke inhaled), can aggravate asthma and can contribute to congestive heart failure. The Surgeon-General of the United States has commented that one in every five persons will die due to smoking, that members of ethnic minorities (Blacks, Hispanics, Asians and others) and blue collar workers smoke more, and that non-smoking is related to educational level. Smoking also dulls the sense of smell and decreases sensitivity. All tobacco contains nicotine. Nicotine can cause high blood pressure, strokes and heart attacks. According to research studies young women are now smoking more than young men in the United States and more children are smoking; also, women are finding it harder to give up smoking than men. Smoking not only harms smokers but also non-smokers. In developing countries, smoking is on the rise, and trends indicate an upswing. Psychologically, smoking has been associated with pleasure, enjoyment and freedom. The vogue is therefore to be "fashionable and stylish" by smoking, and smoking is associated with "strength" and "success", and with being "sensually appealing". In the beginning, women start smoking out of curiosity. Then, as they pursued the "forbidden fruits", smoking became serious and addictive. Individual differences and bio-chemical individually and uniqueness should be taken into consideration in medical practice.

The female heart and two other facts

7. Two other facts deriving from the medical studies are important about the female heart. Women with heart disease may have chest pains off and on for quite a long time before they actually have a heart attack. By contrast, men typically tend to have an attack with relatively little or no warning. Once a woman has had an attack, her prognosis tends to be less favourable in general than a man's. Following a heart attack, more women than men die during the first month and they have a higher rate of recurrence.

8. When women complain of chest pains, the doctor's typical response is that it is all due to "nervousness", or "anxiety" on the part of women. If a man has chest pains, it is thought advisable for him to be checked immediately for a heart condition; for women it is "all in their head", or "psychosomatic". The problem on the part of some physicians is an attitudinal one towards women.

How can a woman avoid cardiac artery disease?

9. Perhaps the most important thing to realize is that one can develop cardiac artery disease. This can occur at any age. There is a clear necessity for following a prudent, nutritionally balanced diet, low in sodium, cholesterol, and fats of all kinds, to eat fresh vegetables and fruit, fibre and grains, to avoid too many sweets, to try to maintain an acceptable weight and to exercise appropriately. By all means, don't smoke, don't start if you don't already, and stop if you do. It is imperative to stay active and alert. A regular medical checkup, which includes measuring blood lipids, is a "must". If there are any signs of coronary artery disease or if there is a family history of it, they should be taken seriously, and a physician should be found who will also take them seriously. This calls for importance to be given to female factors in behavioural science and behavioural medicine by the medical community, and a better awareness on the part of women themselves.